

INTERIM RHODE ISLAND DIVERSION PLAN

January 14, 2004

**This plan goes into effect at 4:00 p.m. 1/14/2004.
It replaces any previous Diversion Agreements and is active
until a final Revised Diversion Plan is implemented.**

**All Hospitals and EMS departments/services shall follow this
Plan until further notice.**

INTERIM RHODE ISLAND DIVERSION PROCEDURES:

A. Participating Hospitals, Facilities and EMS Providers:

All general acute care hospitals in Rhode Island with emergency departments will participate in roll calls three times per day to determine hospital status. Additionally, selected hospitals and healthcare facilities that do not provide primary acute care emergency department services will participate in roll calls on a more limited basis (8:00 a.m. only) to test the Nextel Hospital Emergency Communications system. All RI licensed EMS departments/services providing transport to hospitals in RI shall participate in this plan.

General acute care hospitals are categorized into TWO geographic groups (Rhode Island Hospital is included in BOTH geographic groups) for the purpose of ensuring reasonable geographic proximity of available beds for patients at all times:

GENERAL ACUTE CARE HOSPITALS:

NORTHERN HOSPITAL GROUP:

- Landmark Medical Center
- Memorial Hospital
- St. Joseph/Our Lady of Fatima
- Roger Williams Medical Center
- The Miriam Hospital
- Rhode Island Hospital

SOUTHERN HOSPITAL GROUP:

- Rhode Island Hospital
- Kent Hospital
- Newport Hospital
- South County Hospital
- Westerly Hospital

OTHER HOSPITALS with ACUTE CARE EMERGENCY DEPARTMENTS:

- Women and Infants'
- Hasbro Children's
- VA Medical Center

BEHAVIORAL HEALTH SPECIALTY HOSPITALS:

- Bradley Hospital
- Butler Hospital

PARTICIPATING FACILITIES:

- Newport Naval Ambulatory Care Center
- Narragansett Indian Health Center
- RI Airport Corporation

EMS PROVIDERS:

- All RI licensed EMS departments/services

B. Daily Roll Calls

All hospitals in Rhode Island with acute care emergency departments participate in roll calls three times per day to determine hospital status. The times for the roll calls are 12:00 a.m., 8:00 a.m., and 4:00 p.m. Augmented roll calls which include diversion status and bed availability are conducted two times per day, by HEALTH staff, at 8:00 a.m. and 4:00 p.m. The Host Hospital will conduct the 12:00 a.m. roll call and record 12:00 a.m. diversion data onto the Nextel Roll Call LOG provided by HEALTH. The assigned "Host Hospital" will turn this log over to HEALTH at the conclusion of the assigned month and/or upon request.

The 12:00 a.m. roll call for diversion status only is conducted by the designated host hospital according to the following schedule:

Month	Host Hospital
January	Newport Hospital
February	Memorial Hospital
March	Women & Infants Hospital
April	Miriam Hospital
May	Kent Hospital
June	Rhode Island Hospital
July	Landmark Medical Center
August	Roger Williams Medical Center
September	Westerly Hospital
October	St. Joseph/Our Lady of Fatima Hospital
November	Hasbro Children's
December	South County Hospital

At the conclusion of the 12:00 a.m. roll call, the host hospital will notify Providence Fire Alarm and Exeter Fire Alarm of the diversion status of all hospitals throughout the state by **Nextel** or by phone (phone numbers listed on Roll Call log sheet). Providence Fire Alarm and Exeter Fire Alarm will then transmit this information to Fire/EMS services statewide over the inter-city fire radio (VHF 154.280).

C. Roll Call Procedure:

1. **Sample roll call message:** "This is the host hospital (or HEALTH) initiating the midnight roll call. When your hospital's name is called please provide your current status."
2. **Continue the call by stating:** "Landmark, your status please." (Landmark should answer within about 5 seconds).
3. **If no answer, call a second time:** "Landmark, your status please." (If no answer on second attempt, call the next facility on list).
4. **Follow this process until the end of the roll call list.**

5. **Once you have contacted all facilities, make a final attempt to contact the non-responding hospital(s) again.** (If a facility does not answer, make a note on the call log and contact the emergency department of the non-responding facility by telephone).
6. **Report the results of the call as follows:** "This is the recap of the midnight roll call, the following hospitals are closed: Hospital (insert name)"
7. **End the call by reporting:** Hospital (insert name) is required to provide an update on diversion status at XX:XX (insert time - 4 hours after the current roll call). The next roll call will take place at 8:00 a.m. I will contact fire alarm with the diversion information."

HOSPITAL STATUS:

A. Hospital Status:

During roll call and upon request, the hospital emergency department (ED) can report one of three different status designations (Open, Closed, or Condition Red Alert):

OPEN: The hospital is open to EMS

CLOSED: The hospital is unable to accept patients from EMS and is effectively diverting all patients with the following exceptions:

All hospitals will accept patients with the following conditions:

- a. Cardiac arrest/respiratory arrest/respiratory failure
- b. Unstable, anticipated imminent cardiac/respiratory arrest
- c. Airway obstruction or respiratory distress

Additionally, Rhode Island Hospital (*Level I Trauma Center*) will accept the following:

- a. Major trauma (as per section 5 of the Trauma Protocol in the RI Prehospital Care Protocols and Standing Orders)

*A status of closed means that the hospital has exhausted all reasonable means of augmenting inpatient and emergency department capacity. A hospital **must** have high-level internal authorization (i.e., by the chief executive officer or his/her designee) prior to indicating a status of "Closed". Any hospital that reports "Closed" status is subject to contact and/or visit by HEALTH where documentation to support the decision for going on "Closed" status may be required.*

Hospitals reporting "Closed" status must provide an update to the Host Hospital four hours after indicating "Closed" status (refer to section entitled "Status Reports Outside of Daily Roll Call" on page 5 of this plan).

CONDITION RED ALERT: “Condition Red Alert” conveys that the hospital or the ED is experiencing an internal disaster. Diversion is total; no exceptions are allowed.

Examples includes extreme situations where the hospital has implemented its internal disaster plan. Situations would include extended power failure or radiation/toxic waste exposure.

B. Bed Availability Information:

At the 8:00 a.m. and 4:00 p.m. roll calls, HEALTH will be requesting that the hospitals report additional information about hospital and ED capacity. Hospitals will be asked to report numbers of current available beds for the following categories:

- Emergency Department
- Critical Care
- Monitored / Telemetry
- General / Med-Surg

Additionally, HEALTH will request that hospitals report the current number of:

- Admitted patients who are "Holding" in the ED (waiting for inpatient placement)
- Behavioral Health patients awaiting placement/transfer

C. System “Safety Net” Feature:

Although individual hospitals are allowed to be “Closed” under the conditions described herein, the overriding objective of the plan is to maintain an EMS “safety net” (i.e., adequate availability of ED services for each geographic area) during “Closed” status or “Condition Red Alert”. To ensure this objective, the following rules apply for each Hospital Group:

RULES FOR NORTHERN HOSPITAL GROUP:

1. **No more than two** participating hospitals in the Northern Hospital Group may be on “Closed” status at the same time.
2. If a third hospital in the Northern Hospital Group announced “Closed” status, the host hospital or HEALTH will declare an “All-Open” condition.
3. If an “All-Open” is declared in the Northern Hospital Group, all of the six participating hospitals in the Northern Hospital Group will be required to open until the next roll call.

RULES FOR SOUTHERN HOSPITAL GROUP:

1. **No more than one** participating hospital in the Southern Hospital Group may be on “Closed” status at the same time.
2. If a second hospital in the Southern Hospital Group announced “Closed” status, the host hospital or HEALTH will declare an **All-Open** condition.
3. If an **All-Open** is declared in the Southern Hospital Group, all of the five participating hospitals in the Southern Hospital Group will be required to open until the next roll call.

RULES REGARDING “CONDITION RED ALERT” REGARDLESS OF GROUP:

A status of **Condition Red Alert** by any participating hospital automatically cancels or precludes diversion by ANY other hospital while the “Condition Red Alert” is in effect. While “Condition Red Alert” is in effect, all other hospitals are required to be open.

“Status Reports” Outside of Daily Roll Call:

Hospitals that have reported “Closed” status or “Condition Red Alert” during the routine roll call are REQUIRED to contact the host hospital and provide it with an update on hospital status within four hours. The host hospital will record the updated status on the Nextel Roll Call Log.

After the hospital makes its announcement, the host hospital will notify Providence Fire Alarm and Exeter Fire Alarm of any **change** in hospital status of all hospitals throughout the state by **Nextel** or by phone. (i.e., If a “closed” hospital becomes “open”, the host hospital will notify Providence Fire Alarm and Exeter Fire Alarm. If a closed hospital remains “closed” no update is required). If there is a change in status, Providence Fire Alarm and Exeter Fire Alarm will then transmit to Fire/EMS services statewide over the inter-city fire system.